

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-873)**

SERIAL NO.  
**10/089353**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER AMENDMENT		AFTER AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	1		2		2									
TOTAL DEP.	14		16		15									
TOTAL CL. CLAIMS	15		16		17									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADJUSTMENTS